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B. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
PLACE OF DEATH		State File No. <u>572</u>		Registered No. <u>93</u>	
County <u>Yuma</u> State <u>Arizona</u>		District or Township <u>Yuma</u> or Village <u>Yuma</u>		City <u>Yuma</u> No. <u>10</u> St. <u>1st</u> Ward <u>2</u>	
2. FULL NAME <u>Francisco Beltran</u>		(a) Residence, No. <u>10 1st St</u> (Usual place of abode)		(If death occurred in a hospital or institution, give its NAME instead of street and number).	
Length of residence in city or town where death occurred <u>5 1/2</u> yrs. mos. ds.		How long in U. S. if of foreign birth? <u>5 1/2</u> yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR or RACE <u>mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>married</u> (Write the word)			
5a. If married, widowed, or divorced HUSBAND of <u>Guadalupe Beltran</u> (or) WIFE of <u>March 15 - 1866</u>					
6. DATE OF BIRTH (month, day and year)	7. AGE <u>62</u> Years <u>3</u> Months <u>15</u> Days	IF LESS than 1 day <u>hrs.</u> or <u>min.</u>			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Store Keeper</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>mexico</u> (c) Name of employer					
9. BIRTHPLACE (city or town) <u>mexico</u> (State or country)					
10. NAME OF FATHER <u>Francisco Beltran</u>					
11. BIRTHPLACE OF FATHER <u>mexico</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Encarnacion Sobel</u>					
13. BIRTHPLACE OF MOTHER <u>mexico</u> (city or town)					
14. Informant <u>O. Johnson</u> (Address) <u>Yuma, Ariz</u>					
15. Filed <u>July 2, 1928</u> <u>H. Whippman</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>June 30, 1928</u> Month <u>June</u> Day <u>30</u> Year <u>1928</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>June 1, 1928</u> to <u>June 30, 1928</u> that I last saw him alive on <u>June 30, 1928</u> and that death occurred, on the date stated above, at <u>12:00 p.m.</u> The CAUSE OF DEATH was as follows: <u>chronic interstitial nephritis</u>					
CONTRIBUTION (duration) <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds.					
18. Where was disease contracted <u>at place of death?</u> Did an operation precede death? <u>no</u> Date of <u>no</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>no</u> (Signed) <u>H. H. Ketcherside</u> , M. D. (Address) <u>Yuma, Ariz</u>					
State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>7/2-28</u>					
20. UNDERTAKER <u>O. Johnson</u> ADDRESS <u>Yuma, Ariz</u>					